American Hospitality Supply Co.

P. O. Box 811976 Boca Raton, FL 33481-1976 (561) 483-8040 (888) 881-4700 FAX (561) 451-8599

APPLICATION FOR CREDIT

COMPANY'S LEGAL NAME	······································		
BILLING ADDRESS	STATE	ZIP	PHONE FAX PHONE
DELIVERY ADDRESS	OIAIL		
CITY	STATE	ZIP	
BUSINESS IS A: PROPRIETORSHIP	? PARTNE	RSHIP	? CORPORATION?
HOW LONG IN PRESENT BUSINESS	<u> </u>	?	
MANAGEMENT COMPANY ?			
ADDRESS			PHONE
CITY	STATE	ZIP	FAX PHONE
ACCOUNTS PAYABLE CONTACT	· · · · · · · · · · · · · · · · · · ·	 	
PRINCIPAL / OFFICER:			
PRESIDENT / OWNER:			
TREASURER / COMPTROLLER:			
LIST FOUR CURRENT REFERENCES (N	O FOOD OR RE	VERAGE SUP	PLIEDS)
	<u> </u>	VERDAL JOI	<u> </u>
RIARATT AST PRABLIC			
NAME OF BANK:	······································	· · · · · · · · · · · · · · · · · · ·	PHONE
ADDRESS	FAX PHONEACCOUNT#		
OCIVIAC :	· · · · · · · · · · · · · · · · · · ·	ACCOON	】
N ! A R # !***			
NAMEADDRESS	PHONE		
CONTACT	FAX PHONE ACCOUNT #		
		ACCOIN	
NAME			PHONE
ADDRESS	FAX PHONE		
CONTACT			
NAME			PHONE
ADDRESS	· · · · · · · · · · · · · · · · · · ·	FAX PHONE	
CONTACT	ACCOUNT #		
OUR TERMS ARE: NET 30 DAYS WI	TH INTEREST A	T 1.5% PER N	MONTH ON UNPAID OVERDUE BALANCES
\/^!!\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
			RIZES THE ABOVE BANK AND BUSINESS
HEFERENCES TO HELEASE TO US	ANY AND ALL C	REDIT INFOF	RMATION. THIS APPLICATION AND YOUR
	ALLY TO INDUC	CE OUR COM	PANY TO EXTEND CREDIT TO YOU AND
YOUR COMPANY.			
SIGNATURE	, <u>,</u>		DATE
PRINTED NAME			TITLE